

_____,)
 Petitioner (**Your Name**))
 vs.)
 _____,)
 Respondent (**Person to be Restrained**))

- a. the Respondent is my family or household member *(describe by checking the correct line)*:
- ☐ the Respondent is, or used to be, my spouse;
 - ☐ the Respondent and I are dating, or have dated, each other;
 - ☐ the Respondent and I are, or have been, engaged in a sexual relationship;
 - ☐ the Respondent and I have a child in common;
 - ☐ the Respondent and I are related by blood or adoption. The Respondent is my _____;
 - ☐ the Respondent and I are, or used to be, related by marriage. The Respondent is my _____;
 - ☐ the Respondent is, or used to be, my guardian;
 - ☐ the Respondent is, or used to be, my ward;
 - ☐ the Respondent is, or used to be, my custodian;
 - ☐ the Respondent is, or used to be, my foster parent; or,
 - ☐ I am a minor child of a person in one of the types of relationships described above.
- b. ☐ the Respondent has committed stalking against me.
- c. ☐ the Respondent has committed a sex offense against me.

3. How old is the Respondent? _____ years old.
4. Please list any cases (divorce, paternity, guardianship, criminal, juvenile) involving the Respondent, yourself, or a child you have with the Respondent (*attach additional sheets of paper if necessary*):

Case Name	Case Number	County & State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Continued on Attachment 4a.

5. This case is filed in this county because:
- _____ a. the Respondent lives in this county.
- _____ b. the incident(s) of domestic or family violence, stalking, or the sex offense happened in this county.
- _____ c. I live in this county.
6. The public mailing address I wish to use for the purposes of serving pleadings, notices, and court orders is:
- _____
- _____
7. The Respondent has committed the following act(s) of domestic or family violence, stalking, or a sex offense (*check those which apply*):
- _____ the Respondent attempted to cause physical harm to me;
- _____ the Respondent threatened to cause physical harm to me;
- _____ the Respondent did cause physical harm to me;
- _____ the Respondent placed me in fear of physical harm;
- _____ the Respondent caused me to involuntarily engage in sexual activity by force, threat of force, or duress;
- _____ the Respondent committed stalking against me;
- _____ the Respondent committed a sex offense against me.
8. Describe what happened in each of the above incidents including the date(s), place(s) and witnesses to each incident (*attach additional sheets of paper if necessary*):
- Date of Incident #1: _____
- Place of Incident: _____

Description of Incident:

List the names of all of the people who were present during the incident. You must include your own name if you were present:

Date of Incident #2: _____

Place of Incident: _____

Description of Incident:

List the names of all of the people who were present during the incident. You must include your own name if you were present:

Date of Incident #3: _____

Place of Incident: _____

Description of Incident:

List the names of all of the people who were present during the incident. You must include your own name if you were present:

_____ Continued on Attachment 8a.

9. I am asking the Court to order the following relief (*check all which apply*):

_____ Prohibit the Respondent from committing, or threatening to commit, acts of domestic or family violence, stalking, or sex offenses against me;

_____ Prohibit the Respondent from committing, or threatening to commit, acts of domestic or family violence, stalking, or sex offenses against my family or household members, whose names are:

_____ Prohibit the Respondent from harassing, annoying, telephoning, contacting, or directly or indirectly communicating with me;

_____ Order the Respondent to stay away from my residence, school, place of

employment, or other place, which is the _____, located at:

____ Order the Respondent to stay away from the following location(s) frequented by my family or household member(s), which may include a residence, school, or place of employment: _____

NOTE: The following requested relief may be granted immediately by the Judge, but the Court must hold a hearing within thirty (30) days:

____ Evict the Respondent from my residence, which is located at:

____ Order the Respondent to give me the possession and use of the following:

____ The residence located at: _____;

____ An automobile/other motor vehicle described as: _____;

____ Other necessary personal items, described as: _____;

____ Order the following additional relief necessary to provide for my safety and welfare and the safety and welfare of my family or household members:

NOTE: The following requested relief may be granted ONLY after notice to the Respondent and at a hearing to be held within thirty (30) days:

- ____ Specify the arrangements for parenting time with our minor child(ren);
- ____ Require that parenting time be supervised by a third party;
- ____ Deny the Respondent parenting time;
- ____ Order the Respondent to pay my attorney fees;
- ____ Order the Respondent to pay rent for my residence;
- ____ Order the Respondent to make payment on a mortgage for my residence;
- ____ Order the Respondent to pay child support for our minor child(ren);
- ____ Order the Respondent to pay support/maintenance for me;
- ____ Order the Respondent to reimburse me for expenses related to the domestic or family violence, stalking, or sex offense as follows
(specify the amount for each expense and bring documentation of the expense with you to Court for the Hearing):

____ Medical expenses: \$ _____

____ Counseling: \$ _____

____ Shelter: \$ _____

____ Repair or replacement of _____

damaged property: \$ _____

_____ Other costs or fees I have
as a result of bringing this case: \$ _____

_____ Prohibit the Respondent from using or possessing a firearm, ammunition, or deadly weapon;

_____ Order the Respondent to surrender the following firearm(s), ammunition, or deadly weapon(s) to a specified law enforcement agency (*list each item below and attach an additional sheet of paper if necessary*):

_____;

_____ Continued on Attachment 9a.

10. Number of pages attached: _____

By filing this Petition, I am respectfully requesting that the Court immediately issue an Ex Parte Order for Protection. I understand that, if I have asked the Court for any of the following:

- evicting the Respondent from my/our home;
- giving me the possession of personal property;
- establishing rules for child parenting time;
- requiring the Respondent to pay fees, expenses, or child support;
- forbidding the Respondent from possessing a firearm, ammunition, or a deadly weapon; or,
- ordering the Respondent to surrender firearm(s), ammunition, or deadly weapons,

I must also ask the Court to set a date for a Hearing within thirty (30) days of today's date.

I understand that if a Hearing is set, and if I fail to appear for the Hearing, the Court will terminate the Ex Parte Order and dismiss the case.

I affirm, under the penalties for perjury, that the foregoing representations are true:

- a. on the basis of my own personal knowledge.
- b. on the basis that I have been informed and believe that the facts stated are true. (*NOTE: If this Petition is made solely on the basis of Petitioner's information and belief, Petitioner must attach affidavits by one or more persons who have personal knowledge of the facts stated.*)

DATE: _____

PETITIONER (Signature)

PETITIONER (Type or print name)

CONFIDENTIAL FORM

For use by Court, Clerk, Prosecuting Attorney, and Law Enforcement Personnel ONLY

DIVISION OF STATE COURT ADMINISTRATION**Note:** The following information is confidential under Indiana law pursuant to IC § 5-2-9-7, and it may not be released.

STATE OF INDIANA)

COUNTY OF _____)

COURT:

☐ Superior, Room #: _____

(check one)

☐ Circuit

CASE #:

_____-_____-_____-_____

PETITIONER/PLAINTIFF/STATE OF INDIANA

v.

DATE:

m/d/yyyy_____
RESPONDENT/DEFENDANT_____
EMPLOYEE (IF WVRO)**PERSON PROTECTED**

Name:

Does the protected person live within a municipal boundary?
(i.e., within city/town limits) ☐ Yes ☐ No

Home address:

If yes, which municipality? _____

DOB:

SSN: (optional)

Telephone No.:

Race:

Home: (_____) _____

Sex:

Work: (_____) _____

Postal address (if different from home address):

When can protected person be reached at the above
numbers or any alternative numbers?

Other protected address:

List the cities/counties where the protected person would like a
copy of the order sent:**PERSON RESTRAINED**

Name:

Telephone No.:

Home address:

Home: (_____) _____

Work: (_____) _____

Postal address (if different from home address):

Location of place of business or where person is usually or often
found:Sex: ☐ male☐ female

DOB:

SSN:

Describe nature and location of any scars or tattoos:

Any scars or tattoos?

☐ Yes☐ No

Race:

Hair color:

Height:

Weight:

List the name(s), dates of birth [DOB], race, and sex of any person(s) residing at the household of the protected person.
Attach an additional sheet of paper if necessary.

Name:	DOB: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	DOB: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	DOB: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	DOB: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	DOB: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	DOB: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	DOB: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name:	DOB: Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

NOTE: This portion of the Confidential Form must be completed when an order for protection, no-contact order, or workplace violence restraining order is requested. The information provided on this form will be used to update the statewide protective order database for the enforcement of the order.